

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>097103596</i>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* * *		* * *		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
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42							92					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.		↓	7	↓		↓	TOTAL DEP.		↓		↓	
TOTAL CLAIMS			9				TOTAL CLAIMS					

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